



Wellness Tips

Anger and Trauma

Why is Anger a Common Response to Trauma?

Anger is almost always a central feature of response to trauma, because it is a core component of survival response in humans. While it has great value for coping with life's adversities (i.e., by giving increased energy to persist in the face of obstacles), uncontrolled anger can lead to a continued sense of being "out of control" of one's self, and can result in multiple problems in the family and personal lives of those who suffer from Posttraumatic Stress Disorder (PTSD).

One theory of anger and trauma suggests that high levels of anger are related to a natural survival instinct. When initially confronted with extreme threat, anger is a normal response to events that seem unfair, terror, and feeling out of control or victimized. It can help a person survive by mobilizing all their attention, thought, brain energy, and action towards survival. Recent research has shown that these responses to extreme threat can become "stuck" in persons with PTSD, leading to a "survival mode" response, being more likely to react to future situations with "full activation," as if they were "life-threatening," or "self-threatening." This "automatic response" of irritability and anger can create serious problems for individuals with PTSD, in work, family life, in their feelings about themselves, and in their role in society.

Another line of research is revealing that anger can also result from a normal response to betrayal or loss of basic trust in others, particularly in situations of interpersonal exploitation or violence.

How Can Post-Traumatic Anger Become a Problem?

Researchers have described three components of post-traumatic anger which can become maladaptive, or interfering in adapting to current situations which do *not* involve extreme threat:

- **Arousal:** Anger is marked by increased activation of the cardiovascular, glandular, and brain systems associated with emotion and survival, as well as increased muscle tension. This increased internal activation can become reset as the normal level in individuals with PTSD, and increase the actual emotional and physical *experience* of anger. This can lead one to feel frequently on-edge, keyed-up, or irritable, and more easily provoked to anger. It is not uncommon for traumatized individuals to even seek out situations requiring them to stay alert to ward off potential danger. Conversely they may use alcohol and drugs to reduce overall internal tension.
- **Behavior:** Oftentimes, the most effective way of dealing with extreme threat is to act aggressively, in a self-protective way. Additionally, many people who are traumatized at a relatively young age have not learned a variety of ways of handling threat, and tend to become "stuck" in one characteristic mode of acting towards threat. This is especially true of people who already tend to be "impulsive" (who act before they think). Again, as stated above, while these "strategies" for dealing with threat can be adaptive in certain circumstances, individuals with PTSD can become "stuck" in using only one strategy when others would be more adaptive. Behavioral aggression may take many forms, including aggression towards others, "passive aggressive behavior" (i.e., complaining, "backstabbing," deliberately being late or doing a poor job), or self-aggression (self-destructive activities, self-blame, being chronically hard on oneself, self-injury).
- **Thoughts and Beliefs:** the thoughts or beliefs (often the individual is not fully aware of these) that a person uses to understand and make sense of their

environment, can often over-exaggerate threat, leading a person to be more likely to see hostility, danger, or threat to their safety than others might feel is necessary. For example, a vet may become angry when others (wife, children, coworkers) around him don't "follow the rules," which is actually related to his own very important need to follow rules during the war in order to prevent deaths. Often, traumatized persons are not aware of the way these beliefs are related to past trauma. By acting inflexibly towards others, for instance, because of their need to control their environment for threat, they can provoke in others the very hostility and threat which they are guarding against, creating a "self-fulfilling prophecy" of belief (i.e., "see, I told you others were out to get me..."). Common "negative" thoughts in people with PTSD include: "you can't trust anyone," "if I'm out of control, it would be horrible/life-threatening/intolerable," "after all I've been through, I deserve to be treated better than this," and "others are out to get me, or won't protect me, in some way."

How Can Individuals with Post-Traumatic Anger Get Help?

In anger management treatment, arousal, behavior, and thoughts/beliefs are all addressed in different ways. Cognitive-behavioral treatment, a commonly utilized therapy which shows positive results with this issue, many techniques are applied to address these three anger components:

- For **increased arousal**, the goal of treatment is to help the person to find a safe place and way to learn skills to reduce overall arousal, such as relaxation, self-hypnosis, and physical exercises to discharge tension.
- For **behavior**, the goal of treatment is to review a person's most frequent ways of behaving under perceived threat or stress, and help them to expand their future response possibilities towards one's that are more adaptive (i.e., by taking a "time out," by writing their thoughts when angry, by more verbal, assertive ways of negotiating for themselves, by helping them to recognize when they are beginning to "act first, think later," and change it to "think first, act later.")
- For **thoughts/beliefs**, individuals are given assistance in logging, monitoring and becoming more aware of their own thoughts prior to becoming angry. They are additionally given alternative, more positive replacement thoughts to apply in place of their more negative thoughts (i.e., "if I am out of control, I won't be threatened in this situation," "others do not have to be perfect in order for me to be comfortable/survive,"). Situations are often role-played in therapy so they have some practice at recognizing their anger-arousing thoughts, and applying more positive thoughts.

There are many strategies for helping individuals with PTSD deal with the common increases of anger they are likely to experience. Most individuals have a combination of all three components of anger listed above, and treatment aims at helping them with all aspects of anger. One important goal of treatment is to improve sense of flexibility and control so that individuals do not feel re-traumatized by their own explosive, or excessive responses to anger triggers. Treatment will hopefully also have a positive impact on relationships at both work and home.

Chemtob, C.M., Novaco, R.W., Hamada, R.S., Gross, D.M., & Smith, G. (1997). Anger regulation deficits in combat-related posttraumatic stress disorder. Journal of Traumatic Stress, 10, 1, 17-35. Retrieved from National Center for PTSD